



SERVICE PROVIDER & SUPPLIER REGISTRATION FORM

CATEGORY APPLIED FOR: (Name of Services or Supplies)			
Firm/ Company Name:			
Company Address:			
Contact Person Name & Designation:			
Contact Address:			
Proprietor/Authorized Person Name:			
Telephone No:			
Email Address:			
Firm/Company Registration Number & Date:			
PAN/ VAT Number:			
Number of Employees:			
Total Annual Turnover of Last Fiscal Year:			
EXPERIENCE			
Name of Client	Nature of Work (Goods/Service Supplied)	Transaction Value	Fiscal year
DECLARATION			
I hereby declare that all the above information is true to the best of my knowledge and belief. Fonepay Payment Service Limited has the permission to verify any information provided as necessary. I fully understand that is unlawful to knowingly make any false statement or representation on this registration form.			

Applicant's Signature:
Name of Authorized Person:
Designation:
Stamp:
Date: